



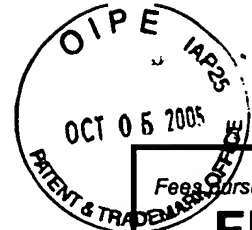
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/812,748	
	Filing Date	03/29/2004	
	First Named Inventor	Boydston, IV.	
	Group Art Unit	3612	
	Examiner Name	Gutman, Hillary L.	
Total Number of Pages in this Submission	16	Attorney Docket Number	TAL:3984.0023

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee transmittal form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of Cd(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (identify below)
Remarks: Other enclosures: 1. Return Receipt Postcard		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Chernoff, Vilhauer, McClung & Stenzel L.L.P.
Signature	
Date	October 3, 2005

CERTIFICATE OF TRANSMISSION/ MAILING			
I hereby certify that, on the date shown below, this correspondence is being :			
<input type="checkbox"/> facsimile transmitted to the USPTO or			
<input checked="" type="checkbox"/> deposited with the United States Postal Service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313-1450			
<input checked="" type="checkbox"/> with sufficient postage as first class mail			
<input type="checkbox"/> as "Express Mail Post Office to Addressee" - mailing label no. _____			
Type or print name	Timothy A. Long		
Signature		Date	October 3, 2005



Effective 12/08/2004

Fees Pursuant to Consolidated Appropriations Act 2005 (HR 4818)

FEE TRANSMITTAL for FY 2005

Complete If Known

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37CFR 1.27	Application Number	10/812,748
TOTAL AMOUNT OF PAYMENT \$75	Filing Date	03/29/2004
	First Named Inventor	Boydston, IV.
	Examiner Name	Gutman, Hillary L.
	Art Unit	3612
	Attorney Docket No.	TAL:3984.0023

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number 03-1550 Deposit Account Name Chernoff, Vilhauer

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fees indicated below. ☐ Charge fee(s) indicated below, except for the filing fee.

☒ Charge any additional fee(s) or under payment of fees under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100
Multiple dependent claims	360	180

Total Claims 35 - 32 * = 3 **Extra Claims** 3 **Fee (\$)** 25 **Fee Paid (\$)** 75

*20 or highest number of total claims paid for, if greater than 20

Indep. Claims 3 - 3 ** = 0 **Extra Claims** 0 **Fee (\$)** 100 **Fee Paid (\$)** 0

** 3 or the highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ 250 (\$ 125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 **Extra Sheets** 0 **Number of each additional 50 or fraction thereof** 0 **Fee(\$)** 125 **Fee Paid (\$)** _____

4. OTHER FEE(S)

Non-English Specification, \$ 130 fee (no small entity discount)

Other: _____

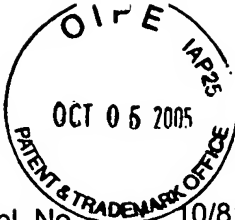
SUBMITTED BY

Signature		Registration No.	28,876	Telephone	(503) 227-5631
Name (print type)	Timothy A. Long	Date	October 3, 2005		

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SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Appl. No. : 10/812,748

Applicant : Boydstun IV

Filed : 03/29/2004

Title : VEHICLE TRANSPORTER WITH SCREW ACTUATORS

TC/A.U. : 3612

Examiner : Gutman, Hilary L.

Docket No. : TAL: 3984.0023

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of September 21, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

10/06/2005 HVUONG1 00000043 10812748

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